

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011750

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 175

Primary Registration District No. 3036

Registrar's No. 66

STATE FILE NUMBER

FILED APR 16 1962

1. PLACE OF DEATH a. COUNTY Lawrence County		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Lawrence	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Aurora		c. CITY OR TOWN Marionville	
Length of stay in lb 2 hours		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Aurora Community Hospital		d. STREET ADDRESS (If outside, give location) 211 Center St.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Charles Bruce Arendt		4. DATE OF DEATH Month Day Year April 3, 1962	
5. SEX Male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sept. 26, 1883
9. AGE (last birthday) 78		IF UNDER 1 YEAR Months 6 Days 8	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Railway Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad Conductor	11. BIRTHPLACE (City and state or country) Cairo, Illinois
12. CITIZEN OF WHAT COUNTRY U S A.		13a. FATHER'S NAME not known	
13b. MOTHER'S MAIDEN NAME not known		14. NAME OF HUSBAND OR WIFE Aggie Arendt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Marines 1907-1908		17. INFORMANT Mrs. C. B. Arendt, Marionville, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Severe Hemorrhage</i> DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Atherosclerosis</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <i>7 hours</i> <i>Years</i> <i>Years</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Marionville, Missouri		20g. COUNTY STATE
21. I attended the deceased from <i>1960</i> to <i>4-3-62</i> and last saw him alive on <i>4-3-62</i> Death occurred at <i>9:30 p.</i> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>A. C. Galt M.D.</i> (Degree or title)		22b. ADDRESS <i>Mar, Mo</i>	22c. DATE SIGNED <i>4-4-62</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 5, 1962	23c. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	23d. LOCATION (City, town, or county) (State) Marionville, Missouri
24. FUNERAL DIRECTOR Bradford-Surridge, Marionville, Missouri		25. DATE RECD. BY LOCAL REG. <i>4/4/62</i>	26. REGISTRAR'S SIGNATURE <i>George Langley</i> <i>Per J. Phillips</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1551

20550

3

4 0

5 1

6

7 1

8 2

9331X

10

11

12 1-0

13 1-0

APR 19 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William A. Fulkes

Licensed Embalmer No. 4658

P. O. Address Marionville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

Signed Embalmer Signature